

WET ANNUAL REPORT 2011-2012

Organization Name: **SDSURF Academy for Professional Excellence**

Contract #: **538376**

Program Name: **BHETA Cultural Competency Academy**

Program Manager: **Minola Clark Manson**

Introduction

Behavioral Health Education & Training Academy (BHETA) will design, implement, and evaluate a Cultural Competency Academy (CCA). CCA will provide training to the administrative support, direct service and supervisory/management staff of the San Diego County Behavioral Health System of Care. CCA will also provide awareness, knowledge and skills consistent with the services to be provided in the behavioral health system as well as consistent with the County and State behavioral health and Mental Health Services Act policies, principles and values.

Program Goals

This is the first cohort of the yearlong training program; as such, it had a number of one time only tasks.

1. Establish a curriculum committee with representation from CCRT
2. Develop curriculum for four tracks of the Academy
 - a. Program Manager
 - b. Direct Service Latino
 - c. Direct Service African American
 - d. Administrative Support
3. Create eLearnings to support the training where appropriate
4. Develop practicums for each of the tracks
5. Develop an evaluation plan for the series

Additional tasks were to establish a core of trainers that could be used to enhance the learning of the participants, train 120 BHS staff and complete the series in the 2011/12 fiscal year.

Program Highlights

A recruitment process was established similar to that used in CADRE. BHS COTRs were to provide BHETA with a list of 120 participants for the fiscal year. BHS COTRs provided 70 participants who were registered for the training series.

The original cultural focus for the first cohort was Chaldean and Latino populations. The CCRT requested that Chaldean be changed to African American populations. BHETA was able to shift the training to accommodate the County request.

Approximately half of the participants originally registered have completed all training days in their track. Participants who missed training days will be able to complete their training by taking the same class in the second cohort.

A curriculum for the series has been developed and implemented. This curriculum, with revisions informed by the participants, evaluations, curriculum committee and CCRT, will be repeated the second year of the CCA.

A library of books has been developed for participants to use in between and to enhance training days. Currently there are 30 books and articles available for participants to borrow.

The success of the training can be seen in a shift in an individual participant's worldview. A shift in worldview translates to future change in behavior. The following comments from trainees suggest that this shift has occurred in some of the participants.

Comments from Evaluations - How did you use the information from the previous training?

- *Increase compassion for African American client history so as to not perpetuate trauma.*
- *More open with clients and make them feel free to share any information in the areas they want.*
- *I did research to contradict my cultural assumptions, in doing so I learned about the origins of mistrust with health care providers.*
- *Looked more closely, with others from identified team of how we could make our delivery of services more culturally competent.*
- *Since I have 3 African American co-workers, I was able to understand stories about their culture and how culture influences their overall values, traditions, rituals, etc.*

Challenges

Although the COTRs were unable to send a full contingency of participants for the initial CCA, resultant was smaller classes where BHETA was able to tailor the training to the participants. The smaller classes also allowed for adjustments in the moment during training days.

The change in population to African American culture allowed the County to respond to the African American community and the state disparity report. It also identified a challenge that might not have been highlighted. Our trainer pools are developed from the service providers. The low number of African Americans providing public behavioral health services made finding experienced trainers very difficult. Trainers outside our county or outside the service delivery system were selected and required more supervision during training than expected.

Training was more difficult for some participants. These participants did not have the needed support from their organization to be able to fully participate even when they were willing to put in extra time on their own. This resistance at the program level was from number of possible sources. One reason for the limited support maybe the participant's position was not always seen as important or impactful in the service delivery. An additional reason and one that we are most able to effect is a misunderstanding of what the training outcomes are. As a result BHETA will provide greater education to the programs of participants. Programs will be better informed of the requirements for their staff and the changes that they will bring back to the organization. Programs will be given tools to incorporate the new information and skills staff bring back to the organization.

Performance Outcomes

The overall average daily training evaluation is 4.44 on a 5-point scale. CCA being a new training series and a training series that challenging for the participant, these scores are exceptional. At the end of the fiscal year classroom training is completed for the Administrative support staff and the Program Managers. Direct Service staff training continues into the first month of the new fiscal year. All participants will be completing a practicum to demonstrate learned skills and knowledge. All other outcomes cannot be measured, as they will conclude in March of next fiscal year.

Program Objectives for the 12/13

1. Complete the first training cohort
2. Repeat the cultural focus of this year
3. Evaluate the transfer of learning from the CCA
4. Complete a second year of CCA.
5. Develop the training curriculum for year 3 of CCA

Sustainability Plan

1. Research local, state and federal funding for cultural competency training.
2. Look at the possibility of providing the CCA training to other service organizations outside of San Diego County.

Contribution to the Public Mental Health System

CCA provides the sole opportunity for public Behavioral health providers to have a quality comprehensive cultural training that is rooted in the values, goals and principles of the San Diego County Behavioral Health System.

BHETA has the community and cultural connections to allow for shifts and changes that can accommodate the needs of BHS while maintaining the integrity of the training series.

CCA provides the BHS training that encourages staff to stay within the BH system. CCA provides training that can be used by any provider in the system. When staff leave a particular program or organization they will have skills and knowledge that are sought after throughout the system, thus ensuring there are opportunities to retain staff with BHS.

BHETA's relationship with the County of San Diego Behavioral Health system affords BHETA the ability to forecast and make adjustments to training to match the anticipated changes in service delivery.